

**BRADLEY DEPARTMENT OF ELECTRICAL AND COMPUTER ENGINEERING  
VIRGINIA TECH**

**SOCIAL SECURITY NUMBER FOR INTERNATIONAL STUDENTS  
INSTRUCTIONS**

**REMINDER:** The employment verification letter required by the **Social Security Administration** (SSA) from our **foreign national** students with either **F-1** or **J-1** Visas is available in the following link:

[http://www.controller.vt.edu/forms/employee\\_ssa.pdf](http://www.controller.vt.edu/forms/employee_ssa.pdf)

As of October 2004, the Social Security Administration (SSA) made changes in assigning Social Security Numbers and replacing Social Security Cards for **F-1** or **J-1** students. The change that most affects **the foreign national** students and the departments at Virginia Tech is the requirement that all **F-1** and **J-1** students present a letter verifying employment (or an offer of employment), in order to apply for a social security number.

To ensure that all offices on campus are using a letter that meets the specifications required by SSA, the form letter is provided in the above link, for use by authorized department representatives. The letter should be completed by the hiring department and provided to the **F-1** or **J-1** student to present to the Social Security Representative when applying for a SSN. Even the representatives that visit the campus on a monthly basis will require this letter.

If you have questions, please contact the Graduate School for graduate students, the Cranwell Center regarding undergraduate students, or the Payroll Office. You can find a complete summary of the information required by SSA to apply for a SSN by accessing the following:  
<http://www.igss.grads.vt.edu/SSN.htm>

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**SOCIAL SECURITY NUMBER FOR INTERNATIONAL STUDENTS**

Dear Social Security Representative:

This is evidence of **on-campus employment** for:

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Virginia Tech Student ID Number

Nature of student's job (e.g., wait staff, library aide, research assistant, etc.):

\_\_\_\_\_

Start Date: \_\_\_\_\_

Number of Hours/Week: \_\_\_\_\_

Employer (department) contact information:

54-6001805

\_\_\_\_\_  
Employer Identification Number (EIN)

540-231-8393

\_\_\_\_\_  
Employer Telephone Number

\_\_\_\_\_  
Student's Immediate Supervisor

Signature: \_\_\_\_\_

Cynthia B. Hopkins,  
ECE Graduate Counselor

Date: \_\_\_\_\_